

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000716

1. Entity Name

ADVANTOR CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90022 030 ***150.00

Principal Place of Business

Mailing Address

6101 LAKE ELLENOR DR
ORLANDO FL 32809
US

PO BOX 19926
ALEXANDRIA VA 22320-0926

00043341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2028229

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFTON, RICHARD N
6101 LAKE ELLENOR DR.
ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME FLEMMING, HARRY S
STREET ADDRESS 424 NO. WASHINGTON ST
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 99 CANAL CENTER PLAZA STE 220
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME LANDIS, JANE A
STREET ADDRESS 424 NO. WASHINGTON ST
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 99 CANAL CENTER PLAZA STE 220
CITY-ST-ZIP

TITLE V ☒ Delete
NAME ROLLINS, FRED A
STREET ADDRESS 6101 LAKE ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME CLIFTON, RICHARD W
STREET ADDRESS 6101 LAKE ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME FLEMMING, H T
STREET ADDRESS 6101 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME HALEY, MARY E
STREET ADDRESS 6101 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane Landis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)